

JANUARY 2006 MONTHLY REPORT

WISCONSIN HEALTH INSURANCE RISK SHARING PLAN MONTHLY STATISTICS FOR JANUARY 2006 MONTH END EXECUTIVE SUMMARY

		1
	January 2006	July 2005
Bank Summary		
Checkwrite	\$9,771,089.23	\$7,059,006.54
Book Balance(US Bank & State General Account)	\$47,806,826.00	\$44,046,067.00
Enrollment		
Plan 1A	7,274	7,747
Plan 1B	10,229	9,533
Plan 2	1,485	1,710
Total	18,988	18,990
New Applications Received	562	659
Claims		-
Claims Processed	112,068	100,842
Average Processing Days	4.81	11.30
Claim Inventory - Over 30 Days Old	2,223	1,692
Claim Inventory - Total	4,490	13,541
Claims Denied(NonPBM)	8,183	7,438
Claims Denied(PBM)	16,925	18,594
Claim Accuracy Performance	99.92%	99.88%
Tourism Osmins HIPOD		
Customer Service - HIRSP	14.000	40.000
Number of Calls Received	11,802	12,293
Percentage of Calls Answered	98.70%	98.80%
Written Correspondence - Received	239	235
Written Correspondence - Completed	292	249
Written Correspondence - Inventory	29	12
Average Hold Time for Telephone Calls	0.23	0.25

Please note: Due to the transition of HIRSP plan administration services to a new contractor effective April 1, 2005 claims volumes, payments and other operational statistics may be accounted for differently. Care should be used when trying to compare data from prior to April 1, 2005 to data from April 1, 2005 going forward.

Also note that adjustments as reported by the previous administrator are no longer being counted in reports found on pages 26, 27 and 28 beginning with April 2005 data.

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Wisconsin Health Insurance Risk-Sharing Plan Breakdown of Incurred Claims and Earned Premium by Quarter and Plan

		2	Q04		
	Total D	Oollars		Per Member	Per Month
_	Incurred	Earned	Loss	Incurred	Earned
Plan	Claims	Premium	Ratio	Claims	Premium
Plan 1A	\$22,028,675	\$10,446,926	210.9%	\$880.02	\$417.34
Plan 1B	11,195,254	9,078,492	123.3%	449.32	364.36
Plan 2	4,679,858	2,092,994	223.6%	890.21	398.13
Total	\$37,903,786	\$21,618,413	175.3%	\$686.60	\$391.60
		3	Q04		
_	Total D	Oollars		Per Member	Per Month
	Incurred	Earned	Loss	Incurred	Earned
Plan	Claims	Premium	Ratio	Claims	Premium
Plan 1A	\$20,805,045	\$11,627,516	178.9%	\$842.62	\$470.92
Plan 1B	11,317,477	10,348,024	109.4%	448.22	409.82
Plan 2	4,850,578	2,438,376	198.9%	934.06	469.55
Total	\$36,973,100	\$24,413,917	151.4%	\$670.60	\$442.81
		4	Q04		
_	Total D	Oollars		Per Member	Per Month
	Incurred	Earned	Loss	Incurred	Earned
Plan	Claims	Premium	Ratio	Claims	Premium
Plan 1A	\$25,401,592	\$11,459,604	221.7%	\$1,040.84	\$469.56
Plan 1B	14,347,792	10,461,572	137.1%	561.16	409.17
Plan 2	5,135,687	2,436,761	210.8%	993.17	471.24
Total	\$44,885,071	\$24,357,937	184.3%	\$813.96	\$441.72
		19	Q05		
_	Total D			Per Member	
	Incurred	Earned	Loss	Incurred	Earned
Plan	Claims	Premium	Ratio	Claims	Premium
Plan 1A	\$21,629,602	\$10,781,000	200.6%	\$933.28	\$465.18
Plan 1B	12,455,189	11,235,000	110.9%	449.40	405.38
Plan 2	4,561,144	2,380,000	191.6%	894.52	466.76
Total	\$38,645,935	\$24,396,000	158.4%	\$690.23	\$435.72
		2	Q05		
_	T . 1 T	. 11			
	Total D	Ollars		Per Member	Per Month
_	Incurred	Earned	Loss	Per Member Incurred	Per Month Earned
Plan			Loss Ratio		
Plan Plan 1A	Incurred	Earned		Incurred	Earned
	Incurred Claims	Earned Premium	Ratio	Incurred Claims	Earned Premium \$464.37
Plan 1A	Incurred Claims \$22,082,599	Earned Premium \$10,918,770	Ratio 202.2%	Incurred Claims \$939.17	Earned Premium
Plan 1A Plan 1B	Incurred Claims \$22,082,599 13,306,945	Earned Premium \$10,918,770 10,810,698	Ratio 202.2% 123.1%	Incurred Claims \$939.17 467.42	Earned Premium \$464.37 379.74
Plan 1A Plan 1B Plan 2	Incurred Claims \$22,082,599 13,306,945 4,881,223 \$40,270,767	Earned Premium \$10,918,770 10,810,698 2,144,285 \$23,873,753	Ratio 202.2% 123.1% 227.6%	Incurred Claims \$939.17 467.42 953.74	Earned Premium \$464.37 379.74 418.97
Plan 1A Plan 1B Plan 2	Incurred Claims \$22,082,599 13,306,945 4,881,223	Earned Premium \$10,918,770 10,810,698 2,144,285 \$23,873,753	Ratio 202.2% 123.1% 227.6% 168.7%	Incurred Claims \$939.17 467.42 953.74	Earned Premium \$464.37 379.74 418.97 \$418.10
Plan 1A Plan 1B Plan 2	Incurred Claims \$22,082,599 13,306,945 4,881,223 \$40,270,767	Earned Premium \$10,918,770 10,810,698 2,144,285 \$23,873,753	Ratio 202.2% 123.1% 227.6% 168.7%	Incurred Claims \$939.17 467.42 953.74 \$939.17	Earned Premium \$464.37 379.74 418.97 \$418.10
Plan 1A Plan 1B Plan 2	Incurred Claims \$22,082,599 13,306,945 4,881,223 \$40,270,767	Earned Premium \$10,918,770 10,810,698 2,144,285 \$23,873,753 30 pollars	Ratio 202.2% 123.1% 227.6% 168.7% Q05	Incurred Claims \$939.17 467.42 953.74 \$939.17 Per Member	Earned Premium \$464.37 379.74 418.97 \$418.10
Plan 1A Plan 1B Plan 2 Total	Incurred Claims \$22,082,599 13,306,945 4,881,223 \$40,270,767 Total D Incurred	Earned Premium \$10,918,770 10,810,698 2,144,285 \$23,873,753 30 Dollars Earned	Ratio 202.2% 123.1% 227.6% 168.7% Q05	Incurred Claims \$939.17 467.42 953.74 \$939.17 Per Member Incurred	Earned Premium \$464.37 379.74 418.97 \$418.10 Per Month Earned
Plan 1A Plan 1B Plan 2 Total Plan	Incurred Claims \$22,082,599 13,306,945 4,881,223 \$40,270,767 Total D Incurred Claims	Earned Premium \$10,918,770 10,810,698 2,144,285 \$23,873,753 30 Dollars Earned Premium	Ratio 202.2% 123.1% 227.6% 168.7% Q05 Loss Ratio	Incurred Claims \$939.17 467.42 953.74 \$939.17 Per Member Incurred Claims	Earned Premium \$464.37 379.74 418.97 \$418.10 Per Month Earned Premium \$520.61
Plan 1A Plan 1B Plan 2 Total Plan Plan Plan	Incurred Claims \$22,082,599 13,306,945 4,881,223 \$40,270,767 Total D Incurred Claims \$22,537,227	Earned Premium \$10,918,770 10,810,698 2,144,285 \$23,873,753 30 collars Earned Premium \$12,087,026	Ratio 202.2% 123.1% 227.6% 168.7% Q05 Loss Ratio 186.5%	Incurred Claims \$939.17 467.42 953.74 \$939.17 Per Member Incurred Claims \$970.72	Earned Premium \$464.37 379.74 418.97 \$418.10 Per Month Earned Premium

NOTES: Loss Ratio = Incurred Claims / Earned Premiums

Earned Premium includes Premium Subsidies

Incurred Claims include Provider Contributions

Administrative Expenses are not included in this exhibit

Incurred Claims and Earned Premiums are updated quarterly and restated to reflect

the most current information available as of December 31, 2005

Wisconsin Health Insurance Risk Sharing Plan Financial Report Notes For the Period Ending January 31, 2006

The motions adopted by the HIRSP Board of Governors regarding changes are summarized as follows:

- Convene the Actuarial Advisory Subcommittee for the purpose of advising the FOC and Board regarding a market-based benchmark for program costs for use in establishing the SFY06 Budget.
- 2) The Board acknowledges that the current problem of the growing provider contribution and program costs is a function of several factors including increasing provider charges and provider payment rates not keeping pace with inflation. The Board acknowledges that the above referenced motion is an interim solution and would have recommended a 5% provider payment increase effective March 1, 2005 if not for administrative issues associated with the April 1, 2005 transition of plan administrators. The Board will reduce the SFY06 provider surplus by \$1.5 million to compensate for not changing the provider payment rate effective April 1, 2005.

Wisconsin Health Insurance Risk Sharing Plan Financial Report Notes For the Period Ending January 31, 2006

These monthly reports do not include the June 30, 2002 CAFR¹ (Combined Annual Financial Report) adjustments. When these adjustments are available, the monthly report will reflect these changes. Previously issued monthly reports will not be reissued but the financial statement notes for the current month will summarize the CAFR adjustment.

1) Policyholder Retained Earnings, End of Period (page 3 & 9)

The policyholder retained earnings include both assigned and unassigned surplus (see Interim Reconciliation page 6 and 12 for the breakdown

2) Other Receivables (page 7 & 13)

Claims expense and receivables are adjusted monthly to account for doubtful receivables per GASB 38.

3) Losses Paid or Approved for Payment (page 3 & 9)

Claims expense and receivables are adjusted monthly to account for doubtful receivables per GASB 38.

¹ CAFR is the State of Wisconsin annual financial report published by DOA (Dept. of Admin.) and prepared in accordance with GASB (Governmental Accounting Standards Board).

Wisconsin Health Insurance Risk Sharing Plan for the Period Ended January 31, 2006 Fiscal Year 2006

			Unaudited St	atement of Re	venues, Exper	ses, and Char	nges in Retaine	d Earnings					
Operating Revenues	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Year to Date
Gross Premiums	8,889,521	9,430,635	9,919,154	9,208,729	9,566,310	9,565,274	8,989,638	-	-	-	-	-	65,569,261
Premium Subsidized	(414,793)	(418,017)	(414,408)	(421,805)	(419,263)	(419,069)	(421,751)	-	-	-	-	-	(2,929,106)
Net Premium Revenues	8,474,728	9,012,618	9,504,746	8,786,924	9,147,047	9,146,205	8,567,887	-	-	-	-	-	62,640,155
Provider Contribution	2,478,376	2,208,753	3,387,625	2,431,855	2,958,814	3,081,949	2,793,978	-	-	-	-	-	19,341,350
Insurer Assessments Total Operating Revenues	3,239,924 14,193,028	3,239,924 14,461,295	3,239,924 16,132,295	3,239,924 14,458,703	3,239,924 15,345,785	3,239,924 15,468,078	3,239,924 14,601,789		-	-	-		22,679,468 104,660,973
Total Operating Revenues	14,193,028	14,401,293	10,132,293	14,436,703	15,345,765	13,408,078	14,001,789						104,000,973
Operating Expenses													
Medical Losses:													
Losses Paid or Approved for Payment ⁽³⁾ Increase (Decrease) in Unpaid Losses	8,968,093 346,665	12,415,734 (1,528,617)	10,649,147 1,786,574	10,001,181 (1,062,608)	11,397,611 (637,881)	10,269,160 1,033,797	12,952,681 (3,171,305)	_	-	_	_	-	76,653,607 (3,233,375)
Deductible Subsidy Paid	48,493	56,126	47,288	40,031	38,242	29,839	59,346	_	_	_	_	_	319,365
Total Medical Losses	9,363,251	10,943,243	12,483,009	8,978,604	10,797,972	11,332,796	9,840,722	-	-	-	-	-	73,739,597
Pharmacy Losses:													
Losses Paid or Approved for Payment (4)	3,648,421	4,235,825	4,011,497	3,899,125	4,255,524	4,070,543	3,948,381	-	-	-	-	-	28,069,316
Increase (Decrease) in Unpaid Losses Drug Rebates	79,933 (230,293)	(799,220) (251,764)	422,513 (242,022)	(99,752) (249,006)	(45,047) (288,081)	135,516 (440,124)	(242,236) (225,621)	-	-	-		-	(548,293) (1,926,911)
Subsidy - Coinsurance Out-of-Pocket Max	33,131	43,341	44,206	49,441	52,884	60,004	(194)	_	_	_	_	_	282,813
Total Pharmacy Losses	3,531,192	3,228,182	4,236,194	3,599,808	3,975,280	3,825,939	3,480,330	-	-	-	-	-	25,876,925
Total Losses	12,894,443	14,171,425	16,719,203	12,578,412	14,773,252	15,158,735	13,321,052	-	-	-	-	-	99,616,522
Loss adjustment expenses	-	-	-	-	-	-	-	-	-	-	-	-	-
Administrative expenses													
WPS Admin Fees	402,149	403,846	400,577	389,371	387,094	431,826	374,550	-	-	-	-	-	2,789,413
Navitus Admin Fees	107,223	107,228	104,720	104,863	104,110	104,209	101,640	-	-	-	-	-	733,993
DHFS Admin Fees EDS Admin Fees	38,244	22,953	33,719	18,191	14,443 (2,333)	47,633	26,584	-	-	-	-	-	201,767 (2,333)
UGS Admin Fees					(2,333)								(2,333)
Milliman USA Actuarial Services	18,329	14,088	8,747	4,514	11,285	9,105	6,929	-	-	-	_	-	72,997
Other Admin Fees		-	8,000	2,500	2,500	2,825	3,025	-	-	-	-	-	18,850
Total Administrative Expenses	565,945	548,115	555,763	519,439	517,099	595,598	512,728	-	-	-	-	-	3,814,687
Referral fees	5,390	8,610	6,125	7,735	5,705	4,865	6,195	-	-	-	-	-	44,625
Total Operating Expenses	13,465,778	14,728,150	17,281,091	13,105,586	15,296,056	15,759,198	13,839,975	-	-	-	-	-	103,475,834
Net Operating Income (Loss)	727,250	(266,855)	(1,148,796)	1,353,117	49,729	(291,120)	761,814	-	-	-	-	-	1,185,139
Non-Operating Revenues (Expenses)													
Federal Grant Investment income	- 122,541	112,533	123,596	150,676	- 153,028	2,500,578 156,203	- 174,907						2,500,578 993,484
Total Non-operating Revenues (Expenses)	122,541	112,533	123,596	150,676	153,028	2,656,781	174,907	-	-	-	-	-	3,494,062
Net Income (Loss)	849,791	(154,322)	(1,025,200)	1,503,793	202,757	2,365,661	936,721	_	_	_	_	_	4,679,201
net meeme (2000)	0.10,7.0.1	(10-1,022)	(1,020,200)	1,000,700	202,101	2,000,001	000,721						4,070,201
Additions to Retained Earnings													
Policyholder Retained Earnings, Beginning of Period	9,542,625	10,556,803	11,377,215	11,148,262	12,727,201	13,353,495	14,100,845	-	-	-	_	_	9,542,625
Unfunded Policyholder Subsidies	-	-	-	-	-	(1,100,223)	-	-	-	-	-	-	(1,100,223)
Current Earnings Retained Earnings, End of Period ⁽¹⁾	1,014,178 10,556,803	820,412 11,377,215	(228,953) 11,148,262	1,578,939 12,727,201	626,294 13,353,495	1,847,573 14,100,845	885,240 14,986,085	-				-	6,543,683 14,986,085
	,,	,,	,,	,,	,,	, ,	,,						,,
Providers Retained Earnings, Beginning of Period	(2,718,521)	(3,140,677)	(4,093,896)	(4,372,422)	(4,769,294)	(5,076,055)	(4,851,077)	-	-	-	-	-	(2,718,521)
Premium Subsidy Underpayment Adj. Current Earnings	- (422,156)	- (953,219)	(278,526)	(396,872)	(306,761)	- 224,978	- (167,657)	-	-	-	-	-	(2,300,213)
Retained Earnings, End of Period	(3,140,677)	(4,093,896)	(4,372,422)	(4,769,294)	(5,076,055)	(4,851,077)	(5,018,734)	-	-	-	-	-	(5,018,734)
I													
Insurers Retained Earnings, Beginning of Period	3,677,147	4,016,540	4,094,492	3,668,265	4,079,463	4,053,813	4,436,766	_	_	_	_	_	3,677,147
Premium Subsidy Underpayment Adj.	-	-	-	-	-	-	-	-	-	-	-	-	-
Current Earnings Retained Earnings, End of Period	339,393 4,016,540	77,952 4,094,492	(426,227) 3,668,265	411,198 4,079,463	(25,650) 4,053,813	382,953 4,436,766	278,290 4,715,056						1,037,909 4,715,056
		.,,	-,0,200	.,	.,0,0.0	., .50,.00	., 5,000						.,,
Unfunded Deductible and Coinsurance Subs Retained Earnings, Beginning of Period	sidy (1,100,223)	(1,181,847)	(1,281,314)	(1,372,808)	(1,462,280)	(453, 183)	(543,026)	_	_	_	_	_	_
Current Earnings	(81,624)	(99,467)	(91,494)	(89,472)	(91,126)	(89,843)	(59,152)	-	-	-	-	-	(602,178)
Retained Earnings, End of Period	(1,181,847)	(1,281,314)	(1,372,808)	(1,462,280)	(1,553,406)	(543,026)	(602,178)	-	-	-	-	-	(602,178)
Total Retained Earnings	10,250,819	10,096,497	9,071,297	10,575,090	10,777,847	13,143,508	14,080,229	_	_	_	_	_	14,080,229
5 -													

WISCONSIN HEALTH INSURANCE RISK SHARING PLAN 2006 FISCAL YEAR DETAIL OF MISC REVENUE & ADMIN EXPENSES AS OF JANUARY 2006

MISC REVENUE	JUL 05	AUG	SEP	ОСТ	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	YEAR TO DATE TOTAL
													-
													-
													-
													-
													-
													-
													-
TOTAL MISC REVENUE	-	-	-	-	-	-	-	-	-	-	-	-	-

													YEAR TO DATE
MISC ADMIN EXP	JUL 05	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	TOTAL
LAB Audit Fee			7,500.00	2,500.00	2,500.00	2,500.00	1,750.00						16,750.00
NASCHIP			500.00										500.00
Maximus Inc.						325.00							325.00
IPRO							600.00						600.00
Permedion							675.00						675.00
													-
													-
													-
													-
													-
													-
													-
													-
													-
													-
TOTAL MISC ADMIN EXP	-	-	8,000.00	2,500.00	2,500.00	2,825.00	3,025.00	-	-	-	-	-	18,850.00

Wisconsin Health Insurance Risk Sharing Plan Fiscal Year 2006 Interim Reconciliation As Of January 31, 2006

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Year to Date
1. Operating and Administrative Costs under s.149.143(1)							10.050.001						
Medical Losses Paid or Approved for Payment Increase (Decrease) in Unpaid Medical Losses	8,968,093 346,665	12,415,734 (1,528,617)	10,649,147 1,786,574	10,001,181 (1,062,608)	11,397,611 (637,881)	10,269,160 1,033,797	12,952,681 (3,171,305)	-	-	-	-	-	76,653,607 (3,233,375)
Pharmacy Losses Paid or Approved for Payment	3,648,421	4,235,825	4,011,497	3,899,125	4,255,524	4,070,543	3,948,381	-	-	_	_	_	28,069,316
Increase (Decrease) in Unpaid Pharmacy Losses	79,933	(799,220)	422,513	(99,752)	(45,047)	135,516	(242,236)	-	-	-	-	-	(548,293)
Drug Rebates	(230,293)	(251,764)	(242,022)	(249,006)	(288,081)	(440,124)	(225,621)	-	-	-	-	-	(1,926,911)
Total Administrative Expenses	571,335	556,725	561,888	527,174	522,804	600,463	518,923	-	-	-	-	-	3,859,312
Loss Adjustment Expense	<u> </u>	-	-	-	-	-	-	-	-	-	-	-	-
Total Operating Expense	13,384,154	14,628,683	17,189,597	13,016,114	15,204,930	15,669,355	13,780,823	-	-	-	-	-	102,873,656
2. Adjustments to Operating and Administrative Costs													
Total Non-operating Revenue (Expense)	122,541	112,533	123,596	150,676	153,028	2,656,781	174,907	-	-	-	-	-	3,494,062
3. Total Fiscal Year Program Costs to be Split 60% 20% 20%	13,261,613	14,516,150	17,066,001	12,865,438	15,051,902	13,012,574	13,605,916	-	-	-	-	-	99,379,594
4. Year-to-Date Adjusted Program Costs Under s.149.143(1) (Exclusive Characteristics Character	ıding Subsidy	(Costs)											
Funding Shares 60% Policyholders	7,956,967	8,709,690	10,239,601	7,719,262	9,031,142	7,807,544	8,163,550	_	_	_	_	_	59,627,756
20% Providers	2,652,323	2,903,230	3,413,200	2,573,088	3,010,380	2,602,515	2.721.183	_	_	_	_	-	19,875,919
20% Insurers	2,652,323	2,903,230	3,413,200	2,573,088	3,010,380	2,602,515	2,721,183	-	-	-	-	-	19,875,919
5. Subsidy Funding Shares													
Premium subsidies	414,793	418,017	414,408	421,805	419,263	419,069	421,751	-	-	-	-	-	2,929,106
Deductible Subsidies	48,493	56,126	47,288	40,031	38,242	29,839	59,346	-	-	-	-	-	319,365
Subsidy - coinsurance out-of-pocket Max	33,131	43,341	44,206	49,441	52,884	60,004	(194)	-	-	-	-	-	282,813
Total Subsidies	496,417	517,484	505,902	511,277	510,389	508,912	480,903	-	-	-	-	-	3,531,284
Subsidy Funding Needed by Source in addition to Section 3 Funding													
Providers Insurers	248,209 248,208	258,742 258,742	252,951 252,951	255,639 255,638	255,195 255,194	254,456 254,456	240,452 240.451	-	-	-	-	-	1,765,644 1.765.640
insulers	240,200	250,742	252,951	255,636	255,194	254,456	240,451	-	-	-	-	-	1,765,640
6. Year-to-Date Adjusted Program Costs Under s.149.143(1) (Inclu	-	•	40.000.00	7.740.000	0.004.4.10	7.007.511	0.400.550						50 007 750
Policyholders Providers	7,956,967 2,900,532	8,709,690 3,161,972	10,239,601 3,666,151	7,719,262 2,828,727	9,031,142 3,265,575	7,807,544 2.856.971	8,163,550 2,961,635	-	-	-	-	-	59,627,756 21.641.563
Insurers	2,900,532	3,161,972	3,666,151	2,828,726	3,265,574	2,856,971	2,961,634	-	-	-	-	-	21,641,559
7. Non-GPR Revenues by Source Including GPR Subsidies Under Policyholders	, ,	, ,	.,,	,, -	,,.	, , .	, , , , , , ,						, , , , , ,
Premium	8,474,728	9,012,618	9,504,746	8,786,924	9,147,047	9,146,205	8,567,887	-	-	-	-	-	62,640,155
Premium and Deductible Subsidies Credited to Policyholders	496,417	517,484	505,902	511,277	510,389	508,912	480,903	-	-	-	-		3,531,284
Subtotal	8,971,145	9,530,102	10,010,648	9,298,201	9,657,436	9,655,117	9,048,790	-	-	-	-	-	66,171,439
Providers	2,478,376	2,208,753	3,387,625	2,431,855	2,958,814	3,081,949	2,793,978	-	-	-	-	-	19,341,350
Insurers	3,239,924	3,239,924	3,239,924	3,239,924	3,239,924	3,239,924	3,239,924	-	-	-	-	-	22,679,468
Total	14,689,445	14,978,779	16,638,197	14,969,980	15,856,174	15,976,990	15,082,692	-	-	-	-	-	108,192,257

8. Interim Estimate of Surplus/(Deficit) Account Balance for FY 2006

Policyholders													
Prior Period Surplus / (Deficit)	9,542,625	10,556,803	11,377,215	11,148,262	12,727,201	13,353,495	14,100,845	-	-	-	-	-	9,542,625
Premium (Including Premium and Deductible Subsidies)	8,971,145	9,530,102	10,010,648	9,298,201	9,657,436	9,655,117	9,048,790	-	-	-	-	-	66,171,439
Less Cost	7,956,967	8,709,690	10,239,601	7,719,262	9,031,142	7,807,544	8,163,550	-	-	-	-	-	59,627,756
Less Unfunded Policyholder Subsidies		-	-	-	-	1,100,223	•	•	-	-	-		1,100,223
Monthly Change	1,014,178	820,412	(228,953)	1,578,939	626,294	747,350	885,240	-	-	-	-	-	5,443,460
Ending Surplus / (Deficit)	10,556,803	11,377,215	11,148,262	12,727,201	13,353,495	14,100,845	14,986,085	-	-	-	-	-	14,986,085
Assigned Surplus to SFY 2006	-	_	_	_	_	_	-	-	_	_	-	-	_
Unassigned Surplus	10,556,803	11,377,215	11,148,262	12,727,201	13,353,495	14,100,845	14,986,085	-	-	-	-	-	14,986,085
Providers													
Prior Period Surplus / (Deficit)	(2,718,521)	(3,140,677)	(4,093,896)	(4,372,422)	(4,769,294)	(5,076,055)	(4,851,077)	-	-	-	-	-	(2,718,521)
Contribution	2,478,376	2,208,753	3,387,625	2,431,855	2,958,814	3,081,949	2,793,978	-	-	-	-	-	19,341,350
Less Cost	2,900,532	3,161,972	3,666,151	2,828,727	3,265,575	2,856,971	2,961,635	-	-	-	-	-	21,641,563
Premium Subsidy Underpayment Adj. Monthly Change	(422,156)	(953,219)	(278,526)	(396,872)	(306,761)	224,978	(167,657)	-	-	-	-		(2,300,213)
, ,	, ,		, ,	,	,	,	, , ,						, , ,
Ending Surplus / (Deficit)	(3,140,677)	(4,093,896)	(4,372,422)	(4,769,294)	(5,076,055)	(4,851,077)	(5,018,734)	-	-	-	-		(5,018,734)
Insurers													
Prior Period Surplus / (Deficit)	3,677,147	4,016,540	4,094,492	3,668,265	4,079,463	4,053,813	4,436,766	-	-	-	-	-	3,677,147
Assessment	3,239,924	3,239,924	3,239,924	3,239,924	3,239,924	3,239,924	3,239,924	-	-	-	-	-	22,679,468
Less Cost	2,900,531	3,161,972	3,666,151	2,828,726	3,265,574	2,856,971	2,961,634	-	-	-	-	-	21,641,559
Premium Subsidy Underpayment Adj.		-	-	-	-	-	-	-	-	-	-	-	
Monthly Change	339,393	77,952	(426,227)	411,198	(25,650)	382,953	278,290	-	-	-	-	-	1,037,909
Ending Surplus / (Deficit)	4,016,540	4,094,492	3,668,265	4,079,463	4,053,813	4,436,766	4,715,056	-	-	-	-		4,715,056
Unfunded Deductible and Coinsurance Subsidy													
Prior Period Surplus / (Deficit)	(1,100,223)	(1,181,847)	(1,281,314)	(1,372,808)	(1,462,280)	(453,183)	(543,026)	-	-	-	-	-	(1,100,223)
Monthly Change	(81,624)	(99,467)	(91,494)	(89,472)	(91,126)	(89,843)	(59,152)	-	-	-	-	-	(602,178)
Ending Surplus / (Deficit)	(1,181,847)	(1,281,314)	(1,372,808)	(1,462,280)	(1,553,406)	(543,026)	(602,178)	-	-	-	-	-	(1,702,401)
Total HIRSP Retained Earnings	10,250,819	10,096,497	9,071,297	10,575,090	10,777,847	13,143,508	14,080,229	-	-	-	-	-	12,980,006

Wisconsin Health Insurance Risk Sharing Plan January 31, 2006 Fiscal Year 2006

Unaudited Balance Sheet

Assets	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Cash and Cash Equivalents	44,046,067	41,252,806	48,788,689	52,183,513	44,817,788	51,859,495	47,806,826	-	-	-	-	-
Other Receivables (2)	629,508	448,884	767,911	486,161	466,808	543,408	506,563		_			
Drug Rebates Receivable	1,816,840	1,652,849	1,894,871	2,136,068	2,309,997	2,242,298	2,182,513	-	-		•	•
Assessments Receivable	38,902,416	30,923,047	27,539,749	20,117,978	17,635,540	17,392,438	15,711,723		-	-		
Prepaid Items	-	-	-	-	-	-	-	-	-			
Total Assets	85,394,831	74,277,586	78,991,220	74,923,720	65,230,133	72,037,639	66,207,625	•	•	•	•	
Liabilities and Fund Equity Liabilities: Unpaid Medical Loss Liabilities Unpaid Prescription Drug Loss Liabilities Unpaid Loss Adjustment Expense Unearned Premiums Unearned Assessments Accounts Payable and Other Accrued Liabilities Total Liabilities	20,350,824 2,904,436 660,000 15,112,758 35,639,168 476,826 75,144,012	19,170,425 2,491,878 660,000 9,058,807 32,403,320 396,659 64,181,089	20,550,019 2,722,729 660,000 16,354,912 29,163,396 468,867 69,919,923	19,729,472 2,618,209 660,000 14,868,208 25,923,056 549,685 64,348,630	19,237,659 852,329 660,000 8,809,678 22,683,132 2,209,488 54,452,286	20,026,215 987,845 660,000 15,500,229 19,443,208 2,276,634 58,894,131	17,610,903 745,609 660,000 14,628,123 16,203,283 2,279,478 52,127,396	- - - - - -	- - - - - -	- - - - - -		
Fund Equity: Policyholder Providers Insurers Unfunded Deductible and Coinsurance Subsidy Total Retained Earnings	10,556,803 (3,140,677) 4,016,540 (1,181,847) 10,250,819	11,377,215 (4,093,896) 4,094,492 (1,281,314) 10,096,497	11,148,262 (4,372,422) 3,668,265 (1,372,808) 9,071,297	12,727,201 (4,769,294) 4,079,463 (1,462,280) 10,575,090	13,353,495 (5,076,055) 4,053,813 (1,553,406) 10,777,847	14,100,845 (4,851,077) 4,436,766 (543,026) 13,143,508	14,986,085 (5,018,734) 4,715,056 (602,178) 14,080,229	- - - -	- - - -	- - - - -		
Total Liabilities and Fund Equity	85,394,831	74,277,586	78,991,220	74,923,720	65,230,133	72,037,639	66,207,625	-	-	-	-	

WISCONSIN HEALTH INSURANCE RISK SHARING PLAN MONTHLY PROVIDER CONTRIBUTION REPORT AS OF JANUARY 2006 MONTH END (1/27/2006)

Provider Share Calculation for the C	urrent Month - Cla	ims by Claim T	ype		
Regular Claims				Less HIRSP	
		U&C	Usual and	Allowed	Provider
Claim Type	Billed Charges	Percentage	Customary	Charges	Share
Professional	\$ 8,347,287.78	36.0%	\$ 5,346,437.82	\$ 3,452,561.80	\$1,893,876.02
Hospital Outpatient	\$ 4,911,228.92	27.5%	\$ 3,562,482.68	\$ 2,996,769.57	\$ 565,713.11
Hospital Inpatient	\$ 6,126,525.24	28.1%	\$ 4,406,503.28	\$ 3,492,958.92	\$ 913,544.36
Nursing Home	\$ (226.01)	23.9%	\$ (172.05)	\$ 32,534.10	\$ (32,706.15)
Other	\$ 965,743.88	23.9%	\$ 735,172.53	\$ 542,095.35	\$ 193,077.18
Total	\$ 20,350,559.81		\$ 14,050,424.26	\$ 10,516,919.74	\$ 3,533,504.52
Crossover Claims	Medicare			HIRSP	
	Allowed	Medicare	HIRSP	Deductible/	Provider
Claim Type	Charges	Paid	Paid	Coinsurance	Share
Professional	\$ 673,454.75	\$ 485,613.77	\$ 165,100.44	\$ 10,643.21	\$ 12,097.33
Hospital Outpatient	\$ 574,696.73	\$ 412,570.45	\$ 157,437.81	\$ 4,654.73	\$ 33.74
Hospital Inpatient	\$ 989,689.91	\$ 734,400.74	\$ 256,980.50	\$ (1,381.94)	\$ (309.39)
Nursing Home	\$ 118,457.79	\$ 86,623.45	\$ 28,360.35	\$ -	\$ 3,473.99
Other	\$ 184,604.30	\$ 118,365.55	\$ 62,809.67	\$ 2,258.18	\$ 1,170.90
Total	\$ 2,540,903.48	\$1,837,573.96	\$ 670,688.77	\$ 16,174.18	\$ 16,466.57
Provider Contribution on the Increase (Decrease) in Unpaid Losse	S				\$ (755,993.00)
					_
Total Provider Contribution Non-Pharmacy					\$ 2,793,978.09
Pharmacy Claims				Less HIRSP	
		U&C	Usual and	Allowed	Provider
Claim Type	Billed Charges	Percentage	Customary	Charges	Share
Prescription Drug	\$ -	0.0%			\$ -
not processed by PBM					
Prescription Drug	\$ 5,997,322.97	0.0%	\$ 4,327,681.09	\$ 4,327,681.09	\$ -
processed by PBM					
Total Provider Contribution Pharmacy	\$ 5,997,322.97		\$ 4,327,681.09	\$ 4,327,681.09	\$ -

Wisconsin Health Insurance Risk Sharing Plan for the Period Ended January 31, 2006 Calendar Year 2006

			Unaudited S	tatement of R	evenues, Expe	nses, and Char	nges in Retain	ed Earnings					
Operating Revenues	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year to Date
Gross Premiums	8,989,638	-	-	-	-	-	-	-	-	-	-	-	8,989,638
Premium Subsidized Net Premium Revenues	(421,751) 8,567,887				-					-		-	(421,751 8,567,887
Provider Contribution	2,793,978												2,793,978
Insurer Assessments	3,239,924			-	-								3,239,924
Total Operating Revenues	14,601,789	-	-	-	-	-	-	-	-	-	-	-	14,601,789
Operating Expenses													
Medical Losses: Losses Paid or Approved for Payment (3)	12,952,681	_	_	_	_	_	_	_	_	_	_	_	12,952,681
Increase (Decrease) in Unpaid Losses	(3,171,305)	-	-	-	-	-	-	-	-	-	-	-	(3,171,305
Deductible Subsidy Paid Total Medical Losses	59,346 9,840,722	-		-	-		-	-	-	-		-	59,346 9,840,722
Pharmacy Losses:													
Losses Paid or Approved for Payment	3,948,381	-	-	-	-	-	-	-	-	-	-	-	3,948,381
Increase (Decrease) in Unpaid Losses	(242,236)	-	-	-	-	-	-	-	-	-	-	-	(242,236
Drug Rebates Subsidy - Coinsurance Out-of-Pocket Max	(225,621) (194)			-	-		-	-	-	-		-	(225,621 (194
Total Pharmacy Losses	3,480,330	-	-	-	-	-	-			-	-	-	3,480,330
Total Losses	13,321,052	-	-	-	-	-	-	-	-	-	-	-	13,321,052
Loss adjustment expenses	-	-	-	-	-	-	-	-	-	-	-	-	-
Administrative expenses													
WPS Admin Fees	374,550	-	-	-	-	-	-	-	-	-	-	-	374,550
Navitus Admin Fees	101,640	-	-	-	-	-	-	-	-	-	-	-	101,640
DHFS Admin Fees EDS Admin Fees	26,584	_		_					_	_		-	26,584
UGS Admin Fees	_	_	_	_	_	_	_	-	_	_	_	_	_
Milliman USA Actuarial Services	6,929	-	-	-	-	-	-	-	-	-	-	-	6,929
Other Admin Fees	3,025	-	-	-	-	-	-	-	-	-	-	-	3,025
Total Administrative Expenses	512,728	-	-	-	-	-	-	-	-	-	-	-	512,728
Referral fees	6,195	-	-	-	-	-	-	-	-	-	-	-	6,195
Total Operating Expenses	13,839,975	-	-	-	-	-	-	-	-	-	-	-	13,839,975
Net Operating Income (Loss)	761,814	-	-	-	-	-	-	-	-	-	-	-	761,814
Non-Operating Revenues (Expenses)													
Federal Grant	-	-	-	-	-	-	-	-	-	-	-	-	-
Investment income	174,907	-	-	-	-	-	-	-	-	-	-	-	174,907
Total Non-operating Revenues (Expenses)	174,907	-	-	-	-	-	-	-	-	-	-	-	174,907
Net Income (Loss)	936,721	-	-	-	-	-	-	-	-	-	-	-	936,721
Additions to Retained Earnings													
Policyholder Retained Earnings, Beginning of Period	14,100,845												14,100,845
Unfunded Policyholder Subsidies	14,100,843				_					_			-
Current Earnings	885,240	-	-	-	-	-	-	-	-	-	-	-	885,240
Retained Earnings, End of Period ⁽¹⁾	14,986,085	-	-	-	-	-	-	-	-	-	-	-	14,986,085
Providers	(4.054.077)												(4.054.5==
Retained Earnings, Beginning of Period Premium Subsidy Underpayment Adj.	(4,851,077)	-	-	-	-	-	-	-	-	-	-	-	(4,851,077)
Current Earnings	(167,657)	_	_	_	_	_	_	-	_	_	_	_	(167,657
Retained Earnings, End of Period	(5,018,734)	-	-	-	-	-	-	-	-	-	-	-	(5,018,734
Insurers													
Retained Earnings, Beginning of Period	4,436,766	-	-	-	-	-	-	-	-	-	-	-	4,436,766
Premium Subsidy Underpayment Adj.		-	-	-	-	-	-	-	-	-	-	-	
Current Earnings Retained Earnings, End of Period	278,290 4,715,056						-	-	-				278,290 4,715,056
													, , , 500
Unfunded Deductible and Coinsurance Subsid													
Retained Earnings, Beginning of Period Current Earnings	(543,026) (59,152)	-	-	-	-	-	-	-	-	-	-	-	557,197 (59,152)
Retained Earnings, End of Period	(602,178)	_	-	_	-	-	-	-	-	-	-	-	498,045
Total Retained Earnings	14,080,229												15,180,452
Total Netained Earnings	14,000,229	<u> </u>	<u>-</u>	-	<u> </u>	<u>-</u>	<u> </u>	<u>-</u>	<u>-</u>	-	-	-	15,160,452

WISCONSIN HEALTH INSURANCE RISK SHARING PLAN 2006 CALENDAR YEAR DETAIL OF MISC REVENUE & ADMIN EXPENSES AS OF JANUARY 2006

MISC REVENUE	JAN 05	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ост	NOV	DEC	YEAR TO DATE TOTAL
													-
													-
													-
													-
													-
													-
													-
TOTAL MISC REVENUE	-	-	-	-	-	-	-	-	-	-	-	-	-

													YEAR TO DATE
MISC ADMIN EXP	JAN 05	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
LAB Audit Fee	1,750.00												
IPRO	600.00												
Permedion	675.00												
													-
TOTAL MISC ADMIN EXP	3,025.00	-	-	-	-	-	-	-	-	-	-	-	-

Wisconsin Health Insurance Risk Sharing Plan Calendar Year 2006 Interim Reconciliation As Of January 31, 2006

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year to Date
1. Operating and Administrative Costs under s.149.143(1)				•	•			•	•				
Medical Losses Paid or Approved for Payment	12,952,681	-	-	-	-	-	-	-	-	-	-	-	12,952,681
Increase (Decrease) in Unpaid Medical Losses	(3,171,305)	-	-	-	-	-	-	-	-	-	-	-	(3,171,305)
Pharmacy Losses Paid or Approved for Payment	3,948,381	-	-	-	-	-	-	-	-	-	-	-	3,948,381
Increase (Decrease) in Unpaid Pharmacy Losses	(242,236)	-	-	-	-	-	-	-	-	-	-	-	(242,236)
Drug Rebates	(225,621)	-	-	-	-	-	-	-	-	-	-	-	(225,621)
Total Administrative Expenses	518,923	-	-	-	-	-	-	-	-	-	-	-	518,923
Loss Adjustment Expense		-	-	-	-	-	-	-	-	-	-	-	-
Total Operating Expense	13,780,823	-	-	-	-	-	-	-	-	-	-	-	13,780,823
2. Adjustments to Operating and Administrative Costs													
Total Non-operating Revenue (Expense)	174,907	-	-	-	-	-	-	-	-	-	-	-	174,907
3. Total Fiscal Year Program Costs to be Split 60% 20% 20%	13,605,916	-	-	-	-	-	-	-	-	-	-	-	13,605,916
4. Year-to-Date Adjusted Program Costs Under s.149.143(1) (Excl	uding Subsidy	Costs)											
Funding Shares													
60% Policyholders	8,163,550	-	-	-	-	-	-	-	-	-	-	-	8,163,550
20% Providers	2,721,183	-	-	-	-	-	-	-	-	-	-	-	2,721,183
20% Insurers	2,721,183	-	-	-	-	-	-	-	-	-	-	-	2,721,183
5. Subsidy Funding Shares													
Premium subsidies	421,751	-	-	-	-	-	-	-	-	-	-	-	421,751
Deductible Subsidies	59,346	-	-	-	-	-	-	-	-	-	-	-	59,346
Subsidy - coinsurance out-of-pocket Max	(194)	-	-	-	-	-	-	-	-	-	-	-	(194)
Total Subsidies	480,903	-	-	-	-	-	-	-	-	-	-	-	480,903
Subsidy Funding Needed by Source in addition to Section 3 Funding	ng Shares												
Providers	240,452	-	-	-	-	-	-	-	-	-	-	-	240,452
Insurers	240,451	-	-	-	-	-	-	-	-	-	-	-	240,451
6. Year-to-Date Adjusted Program Costs Under s.149.143(1) (Inclu	ıdina Subsidv C	costs)											
Policyholders	8,163,550	-	_	_	-	_	-	-	_	-	-	_	8,163,550
Providers	2,961,635	-	_	_	-	_	-	-	_	-	-	_	2,961,635
Insurers	2,961,634	-	-	-	-	-	-	-	-	-	-	-	2,961,634
7. Non-GPR Revenues by Source Including GPR Subsidies Unde	r s.20.435(4)(ah)											
Policyholders	, χ.												
Premium	8,567,887	-	-	-	-	-	-	-	-	-	-	-	8,567,887
Premium and Deductible Subsidies Credited to Policyholders	480,903	-				-	-	-					480,903
Subtotal	9,048,790	-	-	-	-	-	-	-	-	-	-	-	9,048,790
Providers	2,793,978	_	_	_	_	_	_	_	_	_	_	_	2,793,978
Insurers	3,239,924	-	-	-	-	-	-	-	-	-	-	-	3,239,924
Total	15,082,692	_	_	_	_	_	-	_	_	_	_	_	15,082,692
i Otal	10,002,002												10,002,032

Policyholders													
Prior Period Surplus / (Deficit)	14,100,845		-	-	-	-	-	-	-	-	-	-	14,100,845
Premium (Including Premium and Deductible Subsidies)	9,048,790		-	-	-	-	-	-	-	-	-	-	9,048,790
Less Cost	8,163,550	-	-	-	-	-	-	-	-	-	-	-	8,163,550
Less Unfunded Policyholder Subsidies		-	-	-	-	-	-	-	-	-	-	-	-
Monthly Change	885,240	-	-	-	-	-	-	-	-	-	-	-	885,240
Ending Surplus / (Deficit)	14,986,085	-	-	-	-	-	-	-	-	-	-	-	14,986,085
Assigned Surplus to SFY 2005	-	-	-	-	-		-	-		-	-	-	-
Unassigned Surplus	14,986,085	-	-	-	-	-	-	-	-	-	-	-	14,986,085
Providers													
Prior Period Surplus / (Deficit)	(4,851,077)	-	-	-	-	-	-	-	-	-	-	-	(4,851,077
Contribution	2,793,978	-	-	-	-	-	-	-	-	-	-	-	2,793,978
Less Cost	2,961,635	-	-	-	-	-	-		-	-	-	-	2,961,635
Premium Subsidy Underpayment Adj.	-	-	-	-	-	-	-	-	-	-	-	-	-
Monthly Change	(167,657)		-	-	-	-	-	-	-	-	-	-	(167,657
Ending Surplus / (Deficit)	(5,018,734)	-	-	-	-	-	-	-		-	-	-	(5,018,734
Insurers													
Prior Period Surplus / (Deficit)	4,436,766	-	-	-	-	-	-	-	-	-	-	-	4,436,766
Assessment	3,239,924		-	-	-	-	-	-	-	-	-		3,239,924
Less Cost	2,961,634	-	-	-	-	-	-	-	-	-	-	-	2,961,634
Premium Subsidy Underpayment Adj.	-	-		-	-	-	-	-		-		-	
Monthly Change	278,290	-	-	-	-	-	-	-	-	-	-	-	278,290
Ending Surplus / (Deficit)	4,715,056	-		-	-	-	-	-	-	-	-	-	4,715,056
Unfunded Deductible and Coinsurance Subsidy													
Prior Period Surplus / (Deficit)	(543,026)	-	-	-	-	-	-	-	-	-	-	-	(543,026
Monthly Change	(59,152)	-	-	-	-	-	-	-	-	-	-	-	(59,152
Ending Surplus / (Deficit)	(602,178)		-	-	-			-		-		-	(602,178

Due to the transition of HIRSP plan administrator services to a new contractor effective April 1, 2005 claims volumes and payments and other operational statistics will be different than previous months and should not be used for comparisons.

14,080,229

Total HIRSP Retained Earnings

14,080,229

Wisconsin Health Insurance Risk Sharing Plan January 31, 2006 Calendar Year 2006

Unaudited Balance Sheet

Assets	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Cash and Cash Equivalents	47,806,826	_	_	_	_	_	_	_	_	_	_	_
Other Receivables (2)	506,563											
Drug Rebates Receivable	2,182,513	•	•	-	-	-	•	•	•	•	•	•
Assessments Receivable	2, 102,513 15,711,723	•	•	•	-	-	-	-	•	-	•	•
		•	•	•	-	-	-	-	•	-	•	•
Prepaid Items	-	•		•					-	-	-	
Total Assets	66,207,625	•	•	•	•	•	•	•	•	•	•	<u> </u>
Liabilities and Fund Equity												
Liabilities:												
Unpaid Medical loss Liabilities	17,610,903	_	_	_	_	_	_	_	_	_	_	_
Unpaid Prescription Drug Loss Liabilities	745,609		_	_	_	_	_		_	_	_	
Unpaid Loss Adjustment Expense	660,000		_	_	_	_	_	_	_	_	_	
Unearned Premiums	14,628,123		_	-	_	-	_					_
Unearned Assessments	16,203,283		_	-	_	-	_		-			_
Accounts Payable and Other Accrued Liabilities	2,279,478		-			-						
Total Liabilities	52,127,396	•		•		•	•		•	•	•	•
Fund Equity:												
Policyholder	14,986,085	-	-	-	-	-	-	-	-	-	-	-
Providers	(5,018,734)	-	-	-		-	-	-	-	-	-	-
Insurers	4,715,056	-	-	-		-	-	-	-	-	-	-
Unfunded Deductible and Coinsurance Subsidy	(602,178)	-	-	-		-	-		-	-	-	-
Total Retained Earnings	14,080,229	•	•	-	-	-	-	-	•	•	-	•
Total Liabilities and Fund Equity	66,207,625											

EARNED PREMIUM

FISCAL YEAR 2006

EA	ARNED PREMIUM
MONTH	FY 06
JUL	8,474,728
AUG	9,012,618
SEP	9,504,746
OCT	8,786,924
NOV	9,147,047
DEC	9,146,205
JAN	8,567,887
FEB	
MAR	
APR	
MAY	
JUN	
TOTAL	\$62,640,155

Wisconsin Health Insurance Risk Sharing Plan

Assessment Status As of January 31, 2006

Prior Fiscal Assessments Receivable Balance	e:		\$ 19.63
Fiscal Year 2006 Assessment Amount:	\$	38,883,169.06	
Less: Payments Received			
2005 07		0.00	
2005 08		(7,983,385.56)	
2005 09		(3,360,556.48)	
2005 10		(7,421,282.02)	
2005 11		(2,482,438.20)	
2005 12		(243,087.94)	
2006 01		(1,680,715.62)	
Current Year Total			\$ 15,711,703.24
Total Assessments Receivable Balance:			\$ 15,711,722.87

Monthly Applicant Activity For January 2006

Number of Applications Pending	December 182	
Number of Applications Received	January 562	
Number of Applications Rejected	January 20	
Number of Applications Closed	January 75	
Number of Applications Pending	January 158	
Number of Applications Approved	January 491	
Detail of Applications Rejected		
Eligible for Group Health Coverage	10	·
Current Medicaid Coverage	0	
Not a Wisconsin Resident	0	
Did not Qualify for lost Employer C	overage 4	
65 or Older	0	
Previous HIRSP < 12 Months Ago	0	
Currently Covered by Other Insura	ce 4	
No Medical Reason	2	
Insufficient Premium Submitted	0	
Total	20	
Detail of Applications Closed		
Applicant Request	17	
Proper Eligibility Requested, never	received 58	
Total	75	

Monthly Applicant Activity January, 2006

A.	Me	dicare Eligible	
B.	HIV		1
C.	Elig	gible Individual	318
D.	-	ter of Medical Eligibility	172
		Letter of Rejection By:	
		American Family	11
		American Medical Security Group	7
		Assurant Health	15
		Blue Cross & Blue Shield United of Wisconsin	34
		Central Reserve Life Insurance	1
		Dean Health Plan	2
		Fortis Benefits Insurance	2 3 5
		Golden Rule Insurance Company	5
		Humana Insurance Company	25
		Mega Life and Health Insurance	8
		Mid-West National Life Insurance Company of	4
		Midwest Security Life Insurance	1
		Pekin Life Insurance	3
		Physicians Plus Insurance	1
		Security Health Plan	14
		United HealthCare Insurance	1
		Unity Health Plan	1
		Wisconsin Physicians Service Insurance	28
		World Insurance	2
	3.	Notice of Premium increase due to a Health Reason	0
	2.	Notice of Benefit Reduction	6
	3.	Notice of Premium increase due to a Health Reason	0

Total 491

			Res	ated Mont	hly Enrollr	nent Throu	ıgh Janua	ry 2006 Mo	onth End					
	To	tal Subsidy			Total Non-Subsidy					Combined Total				
	Plan 1A	Plan 2	Total		Plan 1A	Plan 1B	Plan 2	Total		Plan 1A	Plan 1B	Plan 2	Total	
February-05	2,956	741	3,697		4,755	9,225	961	14,941		7,711	9,225	1,702	18,638	
March-05	2,967	739	3,706		4,825	9,355	960	15,140		7,792	9,355	1,699	18,846	
April-05	2,955	742	3,697		4,813	9,363	963	15,139		7,768	9,363	1,705	18,836	
May-05	2,958	737	3,695		4,871	9,473	963	15,307		7,829	9,473	1,700	19,002	
June-05	2,976	738	3,714		4,935	9,628	975	15,538		7,911	9,628	1,713	19,252	
July-05	2,710	708	3,418		5,037	9,533	1,002	15,572		7,747	9,533	1,710	18,990	
August-05	2,739	702	3,441		5,009	9,612	989	15,610		7,748	9,612	1,691	19,051	
September-05	2,746	697	3,443		4,960	9,634	963	15,557		7,706	9,634	1,660	19,000	
October-05	2,797	686	3,483		4,848	9,605	926	15,379		7,645	9,605	1,612	18,862	
November-05	2,799	680	3,479		4,846	9,653	907	15,406		7,645	9,653	1,587	18,885	
December-05	2,812	671	3,483		4,827	9,707	894	15,428		7,639	9,707	1,565	18,911	
January-06	2,836	647	3,483		4,438	10,229	838	15,505		7,274	10,229	1,485	18,988	

		Detail of Total Subs	sidy Policies in Forc	e as of January 2006	6 Month End		
	Level 0	Level 1	Level 2	Level 3	Level 4	Level 5	Total
February-05	14,941	520	523	678	1,461	515	18,638
March-05	15,140	519	523	682	1,471	511	18,846
April-05	15,139	516	516	687	1,477	501	18,836
May-05	15,307	516	511	686	1,482	500	19,002
June-05	15,538	515	513	692	1,494	500	19,252
July-05	15,572	433	474	657	1,360	494	18,990
August-05	15,610	434	477	656	1,379	495	19,051
September-05	15,557	433	476	650	1,393	491	19,000
October-05	15,379	430	480	651	1,430	492	18,862
November-05	15,406	424	481	650	1,436	488	18,885
December-05	15,428	424	475	657	1,442	485	18,911
January-06	15,505	411	467	672	1,481	452	18,988

Level 0 = Income > \$25,000

Level 1 = Income 17,000-19,999

Level 2 = Income \$14,000-\$16,999

Level 3 = Income \$10,000-\$13,999 Level 4 = Income < or equal to \$9,999

Level 5 = Income \$20,000-\$24,999

^{*} Please note: The method of counting enrollment numbers for this report was changed for the April 2005 report and going forward. The counts are now being counted on a prorated basis using actual days covered.

Total Policies in Force by Plan, Gender and Age Group as of January 2006 Month End

Male

Number of Gender Age Group Policyholders Plan 1A Male 0-24 436 1A 254 Male 25-29 1A Male 30-34 169 1A Male 35-39 236 1A Male 40-44 394 1A Male 45-49 473 1A 486 Male 50-54 1A Male 431 55-59 1A Male 60-64 380 1A Male 65+ 6 3,265 Total

			Number of
Plan	Gender	Age Group	Policyholders
1A	Female	0-24	389
1A	Female	25-29	224
1A	Female	30-34	202
1A	Female	35-39	227
1A	Female	40-44	303
1A	Female	45-49	447
1A	Female	50-54	538
1A	Female	55-59	737
1A	Female	60-64	921
1A	Female	65+	21
		Total	4,009

			Number of
Plan	Gender	Age Group	Policyholders
1B	Male	0-24	312
1B	Male	25-29	81
1B	Male	30-34	83
1B	Male	35-39	185
1B	Male	40-44	337
1B	Male	45-49	518
1B	Male	50-54	735
1B	Male	55-59	983
1B	Male	60-64	1,390
1B	Male	65+	19
		Total	4,643

			Number of
Plan	Gender	Age Group	Policyholders
1B	Female	0-24	211
1B	Female	25-29	61
1B	Female	30-34	89
1B	Female	35-39	174
1B	Female	40-44	317
1B	Female	45-49	505
1B	Female	50-54	765
1B	Female	55-59	1,273
1B	Female	60-64	2,166
1B	Female	65+	25
		Total	5,586

			Number of
Plan	Gender	Age Group	Policyholders
2	Male	0-24	3
2	Male	25-29	10
2	Male	30-34	12
2	Male	35-39	32
2	Male	40-44	66
2	Male	45-49	95
2	Male	50-54	121
2	Male	55-59	96
2	Male	60-64	80
2	Male	65+	98
		Total	613

			Number of
Plan	Gender	Age Group	Policyholders
2	Female	0-24	3
2	Female	25-29	3
2	Female	30-34	18
2	Female	35-39	27
2	Female	40-44	59
2	Female	45-49	96
2	Female	50-54	120
2	Female	55-59	141
2	Female	60-64	135
2	Female	65+	270
_		Total	872

^{*} Please note: The method of counting enrollment numbers for this report was changed for the April 2005 report and going forward. The counts are now being counted on a prorated basis using actual days covered.

Total Policies in Force by Plan, Gender, Zone and Age Group as of January 2006 Month End

Male

				Number of
Plan	Zone	Gender	Age Group	Policyholders
1A	1	Male	0-24	29
1A	1	Male	25-29	21
1A	1	Male	30-34	16
1A	1	Male	35-39	31
1A	1	Male	40-44	39
1A	1	Male	45-49	45
1A	1	Male	50-54	36
1A	1	Male	55-59	35
1A	1	Male	60-64	25
1A	1	Male	65+	1
			Total	278

				Number of
Plan	Zone	Gender	Age Group	Policyholders
1A	1	Female	0-24	27
1A	1	Female	25-29	24
1A	1	Female	30-34	20
1A	1	Female	35-39	15
1A	1	Female	40-44	23
1A	1	Female	45-49	34
1A	1	Female	50-54	42
1A	1	Female	55-59	65
1A	1	Female	60-64	71
1A	1	Female	65+	4
			Total	325

				Number of
Plan	Zone	Gender	Age Group	Policyholders
1A	2	Male	0-24	132
1A	2	Male	25-29	85
1A	2	Male	30-34	61
1A	2	Male	35-39	73
1A	2	Male	40-44	109
1A	2	Male	45-49	135
1A	2	Male	50-54	140
1A	2	Male	55-59	119
1A	2	Male	60-64	91
1A	2	Male	65+	3
			Total	948

				Number of
Plan	Zone	Gender	Age Group	Policyholders
1A	2	Female	0-24	133
1A	2	Female	25-29	79
1A	2	Female	30-34	64
1A	2	Female	35-39	78
1A	2	Female	40-44	95
1A	2	Female	45-49	133
1A	2	Female	50-54	161
1A	2	Female	55-59	183
1A	2	Female	60-64	256
1A	2	Female	65+	6
			Total	1,188

				Number of
Plan	Zone	Gender	Age Group	Policyholders
1A	3	Male	0-24	275
1A	3	Male	25-29	148
1A	3	Male	30-34	92
1A	3	Male	35-39	132
1A	3	Male	40-44	246
1A	3	Male	45-49	293
1A	3	Male	50-54	310
1A	3	Male	55-59	277
1A	3	Male	60-64	264
1A	3	Male	65+	2
			Total	2,039

				Number of
Plan	Zone	Gender	Age Group	Policyholders
1A	3	Female	0-24	229
1A	3	Female	25-29	121
1A	3	Female	30-34	118
1A	3	Female	35-39	134
1A	3	Female	40-44	185
1A	3	Female	45-49	280
1A	3	Female	50-54	335
1A	3	Female	55-59	489
1A	3	Female	60-64	594
1A	3	Female	65+	11
			Total	2,496

^{*} Please note: The method of counting enrollment numbers for this report was changed for the April 2005 report and going forward. The counts are now being counted on a prorated basis using actual days covered.

Total Policies in Force by Plan, Gender, Zone and Age Group as of January 2006 Month End

Male

				Number of
Plan	Zone	Gender	Age Group	Policyholders
1B	1	Male	0-24	22
1B	1	Male	25-29	10
1B	1	Male	30-34	10
1B	1	Male	35-39	18
1B	1	Male	40-44	29
1B	1	Male	45-49	27
1B	1	Male	50-54	42
1B	1	Male	55-59	65
1B	1	Male	60-64	73
1B	1	Male	65+	2
			Total	298

				Number of
Plan	Zone	Gender	Age Group	Policyholders
1B	1	Female	0-24	12
1B	1	Female	25-29	10
1B	1	Female	30-34	13
1B	1	Female	35-39	6
1B	1	Female	40-44	15
1B	1	Female	45-49	33
1B	1	Female	50-54	41
1B	1	Female	55-59	79
1B	1	Female	60-64	130
1B	1	Female	65+	0
			Total	339

				Number of
Plan	Zone	Gender	Age Group	Policyholders
1B	2	Male	0-24	97
1B	2	Male	25-29	20
1B	2	Male	30-34	33
1B	2	Male	35-39	58
1B	2	Male	40-44	87
1B	2	Male	45-49	154
1B	2	Male	50-54	219
1B	2	Male	55-59	266
1B	2	Male	60-64	387
1B	2	Male	65+	4
			Total	1,325

				Number of
Plan	Zone	Gender	Age Group	Policyholders
1B	2	Female	0-24	80
1B	2	Female	25-29	22
1B	2	Female	30-34	26
1B	2	Female	35-39	63
1B	2	Female	40-44	103
1B	2	Female	45-49	157
1B	2	Female	50-54	245
1B	2	Female	55-59	388
1B	2	Female	60-64	627
1B	2	Female	65+	6
			Total	1,717

				Number of
Plan	Zone	Gender	Age Group	Policyholders
1B	3	Male	0-24	193
1B	3	Male	25-29	51
1B	3	Male	30-34	40
1B	3	Male	35-39	109
1B	3	Male	40-44	221
1B	3	Male	45-49	337
1B	3	Male	50-54	474
1B	3	Male	55-59	652
1B	3	Male	60-64	930
1B	3	Male	65+	13
			Total	3,020

				Number of
Plan	Zone	Gender	Age Group	Policyholders
1B	3	Female	0-24	119
1B	3	Female	25-29	29
1B	3	Female	30-34	50
1B	3	Female	35-39	105
1B	3	Female	40-44	199
1B	3	Female	45-49	315
1B	3	Female	50-54	479
1B	3	Female	55-59	806
1B	3	Female	60-64	1,409
1B	3	Female	65+	19
			Total	3,530

^{*} Please note: The method of counting enrollment numbers for this report was changed for the April 2005 report and going forward. The counts are now being counted on a prorated basis using actual days covered.

Total Policies in Force by Plan, Gender, Zone and Age Group as of January 2006 Month End

Male

				Number of
Plan	Zone	Gender	Age Group	Policyholders
2	1	Male	0-24	0
2	1	Male	25-29	1
2	1	Male	30-34	3
2	1	Male	35-39	7
2	1	Male	40-44	9
2	1	Male	45-49	13
2	1	Male	50-54	16
2	1	Male	55-59	11
2	1	Male	60-64	6
2	1	Male	65+	9
			Total	75

				Number of
Plan	Zone	Gender	Age Group	Policyholders
2	1	Female	0-24	1
2	1	Female	25-29	0
2	1	Female	30-34	4
2	1	Female	35-39	1
2	1	Female	40-44	8
2	1	Female	45-49	8
2	1	Female	50-54	19
2	1	Female	55-59	11
2	1	Female	60-64	9
2	1	Female	65+	22
			Total	83

				Number of
Plan	Zone	Gender	Age Group	Policyholders
2	2	Male	0-24	2
2	2	Male	25-29	2
2	2	Male	30-34	6
2	2	Male	35-39	10
2	2	Male	40-44	21
2	2	Male	45-49	30
2	2	Male	50-54	37
2	2	Male	55-59	21
2	2	Male	60-64	24
2	2	Male	65+	24
			Total	177

				Number of
Plan	Zone	Gender	Age Group	Policyholders
2	2	Female	0-24	1
2	2	Female	25-29	1
2	2	Female	30-34	9
2	2	Female	35-39	11
2	2	Female	40-44	21
2	2	Female	45-49	31
2	2	Female	50-54	39
2	2	Female	55-59	46
2	2	Female	60-64	41
2	2	Female	65+	77
			Total	277

				Number of
Plan	Zone	Gender	Age Group	Policyholders
2	3	Male	0-24	1
2	3	Male	25-29	7
2	3	Male	30-34	3
2	3	Male	35-39	15
2	3	Male	40-44	36
2	3	Male	45-49	52
2	3	Male	50-54	68
2	3	Male	55-59	64
2	3	Male	60-64	50
2	3	Male	65+	65
			Total	361

				Number of
Plan	Zone	Gender	Age Group	Policyholders
2	3	Female	0-24	1
2	3	Female	25-29	2
2	3	Female	30-34	5
2	3	Female	35-39	15
2	3	Female	40-44	30
2	3	Female	45-49	57
2	3	Female	50-54	62
2	3	Female	55-59	84
2	3	Female	60-64	85
2	3	Female	65+	171
			Total	512

^{*} Please note: The method of counting enrollment numbers for this report was changed for the April 2005 report and going forward. The counts are now being counted on a prorated basis using actual days covered.

Total Subsidy/Non-Subsidy as of January 2006 Month End

Plan		Number of Policyholders
1A	Non-subsidized	4,438
1A	Subsidized	2,836
1B	Non-subsidized	10,229
2	Non-subsidized	838
2	Subsidized	647
Total		18,988

Total Subsidy by Level

Subsidy Level	Number of Policyholders
Level 0	15,505
Level 1	411
Level 2	467
Level 3	672
Level 4	1,481
Level 5	452
Total	18,988

	Number of
	Policyholders
Plan 1A, Zone 1, Non-Subsidized	312
Plan 1A, Zone 1, Subsidized	291
Plan 1A, Zone 2, Non-Subsidized	1,324
Plan 1A, Zone 2, Subsidized	812
Plan 1A, Zone 3, Non-Subsidized	2,802
Plan 1A, Zone 3, Subsidized	1,733
Plan 1B, Zone 1, Non-Subsidized	637
Plan 1B, Zone 2, Non-Subsidized	3,042
Plan 1B, Zone 3, Non-Subsidized	6,550
Plan 2, Zone 1, Non-Subsidized	73
Plan 2, Zone 1, Subsidized	85
Plan 2, Zone 2, Non-Subsidized	249
Plan 2, Zone 2, Subsidized	205
Plan 2, Zone 3, Non-Subsidized	516
Plan 2, Zone 3, Subsidized	357
Total	18,988

^{*} Please note: The method of counting enrollment numbers for this report was changed for the Apri 2005 report and going forward. The counts are now being counted on a prorated basis using actual days covered.

Wisconsin Health Insurance Risk Sharing Plan

Monthly Service Report For: January, 2006

Customer Service/Policyholder Services

Customer Ser	vice/Polic	ynotaer So	ervices					
Week	Calls	Calls	#	%	Average Wait	Longest	Average	Service
Ending	Offered	Handled	Abandoned	Abandoned	$(ASA)^*$	Wait	Talk	Level**
1/6/2006	2,314	2,278	36	1.60%	00:00:26	00:05:12	00:03:34	94.70%
1/13/2006	2,790	2,758	32	1.10%	00:00:25	00:06:36	00:03:49	95.20%
1/20/2006	2,500	2,485	15	0.60%	00:00:19	00:03:48	00:03:58	97.40%
1/27/2006	2,950	2,899	51	1.70%	00:00:21	00:04:16	00:03:44	95.80%
Week	Calls	Calls	#	%	Average Wait	Longest	Average	Service
Ending	Offered	Handled	Abandoned	Abandoned	$(ASA)^*$	Wait	Talk	Level**
Historical								
02-2005	10,618	9,625	933	8 .8 %	00:03:40	00:12:35	00:03:29	
03-2005	13,363	11,782	1,561	11.5 %	00:04:34	00:18:00	00:03:30	
04-2005	18,245	17,962	283	1 .6 %	00:00:30	00:09:35	00:03:38	93.00%
05-2005	17,638	17,311	327	1 .9 %	00:00:39	00:12:39	00:03:39	89.00%
06-2005	18,966	18,309	657	3 .5 %	00:00:57	00:12:07	00:03:48	81.00%
07-2005	12,293	12,150	143	1 .2 %	00:00:25	00:07:50	00:04:07	94.00%
08-2005	11,975	11,851	124	1 .0 %	00:00:22	00:06:54	00:04:03	96.00%
09-2005	12,065	11,943	122	1 .0 %	00:00:20	00:05:26	00:03:54	96.00%
10-2005	11,118	10,962	156	1 .4 %	00:00:26	00:09:09	00:04:03	94.00%
11-2005	10,695	10,530	165	1.5 %	00:00:24	00:05:39	00:03:53	95.00%
12-2005	10,808	10,697	111	1.0 %	00:00:25	00:05:52	00:03:55	96.00%
01-2006	11,802	11,654	148	1 .3 %	00:00:23	00:06:36	00:03:46	96.00%
Medical Affai	rs Teleph	one						
1/6/2006	192	177	15	7.60%	00:00:40	00:05:34	00:02:34	86.50%
1/13/2006	204	190	14	6.90%	00:00:32	00:04:58	00:02:39	89.00%
1/20/2006	155	149	6	3.90%	00:00:32	00:05:59	00:03:26	93.80%
1/27/2006	196	192	4	2.00%	00:00:31	00:03:42	00:02:55	94.10%
PBM Teleph								
1/6/2006	228	227	1	0.10%	80:00:00	00:01:18	00:04:06	87.20%
1/13/2006	309	308	1	0.10%	00:00:11	00:04:37	00:03:56	85.50%
1/20/2006	313	311	2	0.10%	00:00:06	00:01:42	00:04:25	92.60%
1/27/2006	301	301	0	0.00%	00:00:06	00:03:20	00:03:47	93.00%

All Time Formats are hh:mm:ss Historical Stats prior to April 1, 2005 have all been converted to the new format.

Most Commonly Asked Questions to Customer Service/ Policyholder Services

What is the status of my claim?

What is the status of my application?

What is my premium?

Open Written Correspondence

	Beginning Inventory	Received	Completed	1 to 2 Days	3 to 5 Days	6+ Days	Ending Inventory
CUSTOMER SERVICE	13	100	100	3	0	10	13
MEDICAL AFFAIRS	0	0	0	0	0	0	0
POLICYHOLDER SERVICE	S* 69	139	192	11	2	3	16

^{*} Supplemental application documentation is no longer counted as

First Call Resolution

Number of Calls Handled First Call Resolved Percent of Calls 9,103 8,283 90.99%

Telephone and Written

Number of Days	Number of Inquires	Number Closed	Percentage
5	2013	1974	98.06%
2	2013	1949	96.82%

^{*} ASA = Average Speed of Answer

^{**} Service Level = Calls handled within 120 seconds divided by the number of calls offered.

^{***} Monthly totals are based on actual month end which is the last day of the month.

CLAIMS THAT HAVE FINALIZED TO PAYMENT OR DENIAL AS OF JANUARY 2006 MONTH END (1/27/2006)

	Jan 2005*						July 2005**				Nov 2005**	Dec 2005**	Jan 2006**
	# of Claims											# of Claims	
Plan 1A	<i>"</i> 0. 0.a	<i>"</i> 0. 0.a	" or oranino	" or oranno	<i></i> 0. 0.a	<i>"</i> 0. 0.a	<i>"</i> 0. 0.a	<i>"</i> 0. 0.a	<i></i> 0. 0.a	<i>"</i> 0. 0.a0	<i>"</i> σ. σ.ασ	,, o. o.a	" or oranino
Pharmacy				23,720	27,571	28,761	27,037	29,298	28,184	27,435	29,461	30,034	28,032
Inpatient Hospital				71	216	379		282	210	182			278
Inpatient Hospital Crossovers				2	5	3		5	2	3		1	8
Outpatient Hospital				2,240	2,532	2,762		2,724	2,221	2,212	2,321	2,003	2,676
Outpatient Hospital Crossovers				21	43	23		16	-,8	16		1	22
Physician				8,566	16,271	15,154		14,485	12,807	11,605			
Physician Crossovers				31	115	100		110	80	80			
Nursing Home				13		44		35	22	22			5
Nursing Home Crossovers				0		0		0	0	0		1	0
Miscellaneous				1,070	3,032	2,826	-	2,715	2,450	1,944	_		-
Miscellaneous Crossovers				4	6	8		37	659	.,011			
Total Plan 1A				35,738	49,817	50,060	_	49,707	46,033	43,505			47,374
Plan 1B		l .		00,700	10,017	00,000	12,007	10,707	10,000	10,000	17,012	10,710	17,071
Pharmacy	l	l I		20,059	23,142	24,564	23,494	25,910	25,090	24,370	26,359	26,799	27,321
Inpatient Hospital				66	169	221	143	240	183	158			198
Inpatient Hospital Crossovers				1	3	2		2 10	2	2	3	140	2
Outpatient Hospital				1,698	1,903	2,174		2,165	1,750	1,750	1,831	1,674	2,207
Outpatient Hospital Crossovers				11	24	34		28	14	7,700	1,001		
Physician				6,617	13,114	12,397	9,421	12,091	10,861	9,916		_	11,931
Physician Crossovers				63	55	87		65	10,001	25			
Nursing Home				1		2			12				
Nursing Home Crossovers				0		0		10	0	0			_
Miscellaneous				717	1,781	1,629		1,564	12,293	1,047			1,665
Miscellaneous Crossovers				7 17	1,731	1,029		1,504	12,293	1,047			1,003
Total Plan 1B				29,234	40,217	41,125		42,083	235				43,377
Plan 2		l l		29,234	40,217	41,125	35,779	42,003	249	,	41,000	40,002	45,577
Pharmacy	I	1		12,083	13,905	14,360	13,737	14,788	12		13,909	14,479	12,672
Inpatient Hospital				12,003		14,300		14,760	0				
Inpatient Hospital Crossovers				52		94		112	81	68			75
Outpatient Hospital				155	186	141	149	174	154	78			115
Outpatient Hospital Crossovers				771	1,233	1,236	891	1,286	1,243	928			1,001
Physician				311	525	384	416	487	351	266			369
Physician Crossovers				3,133	6,487	5,978	_	6,979	5,193	5,074			5,282
Nursing Home				3,133		5,978		0,979	5,193	5,074		4,307	3,202
Nursing Home Crossovers				5		37		42	14	17		23	23
Miscellaneous				252	358	344		431	302	271		_	
Miscellaneous Crossovers				622	1,315	1,417	1,033	1,738	1,675	1,532		1,260	1,434
Total Plan 2				17,394	24,146	24,016		26,057	23,071	21,484	22,890		21,317
Total				17,394	24,140	24,016	22,120	26,057	23,071	21,404	22,090	21,004	21,317
Pharmacy	62,372	61,359	63,736	55,862	64,618	67,685	64,268	69,996	67,320	65,051	69,729	71,312	68,025
Inpatient Hospital	422	462	421	141	395	617	382	533	401	342			486
<u> </u>	73	96	77						85				85
Inpatient Hospital Crossovers				55	111	99 5.077	66 3,648	119 5,063		73			4,998
Outpatient Hospital Crossovers	4,027 1,015	4,448	3,164 882	4,093	4,621	5,077	3,648 916		4,125	4,040 951	4,225 991	1,004	
Outpatient Hospital Crossovers		1,211	18,349	803 15 404	1,300	1,293		1,330	1,265 24,019				1,031
Physician Crossopre	24,762	26,193		15,494	29,910	27,935		27,063		21,787			25,851
Physician Crossovers	4,251	4,592	2,977	3,227	6,657	6,165		7,154	5,316	5,179			5,418
Nursing Home	31	26	29	20	43	54		54	38	35			
Nursing Home Crossovers	6	4	2	5		37		42	14	17			
Miscellaneous	1,817	1,842	1,948	2,039	5,171	4,799		4,710	4,159	3,262			4,688
Miscellaneous Crossovers	0	0	0	627	1,336	1,440		1,783	1,732	1,553			1,448
Total	98,776	100,233	91,585	82,366	114,180	115,201	100,842	117,847	108,474	102,290	112,240	108,085	112,068

^{*} The reporting of inventory numbers before April 2005 did not include information by Plan. Previously stated numbers are now reported only in the Total section of this report.

^{**} Adjustments have been reported in the non-Crossover categories on history prior to April 2005. Adjustments are not included in any category beginning with April 2005.

AVERAGE CLAIMS PROCESSING DAYS AS OF JANUARY 2006 MONTH END (1/27/2006)

	Jan 2005*						July 2005**	Aug 2005**	Sep 2005**	Oct 2005**	Nov 2005**	Dec 2005**	Jan 2006**
	Ave # Days								# of Claims				
Plan 1A	,	,	,	,	,		,	, ,					
Inpatient Hospital				30.04	32.29	26.42	23.66	19.50	18.77	7.28	13.04	17.61	7.39
Inpatient Hospital Crossovers				37.00	23.25	21.66	24.00	11.50	0.00	25.00	7.00	6.00	32.40
Outpatient Hospital				11.96	10.73	8.44	7.28	6.41	3.31	2.53	2.40	2.91	3.76
Outpatient Hospital Crossovers				25.00	23.45	24.68	16.35	12.57	11.28	6.18	6.13	7.21	7.88
Professional				20.39	16.04	10.11	9.65	7.19	4.54	3.35	3.12	3.77	4.24
Professional Crossovers				23.86	18.75	14.14	12.20	13.76	8.15	7.22	5.17	7.22	7.31
Nursing Home				13.88	27.53	14.52	27.28	19.00	15.80	9.00	15.72	10.00	2.00
Nursing Home Crossovers				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Miscellaneous				23.20	21.24	17.48	17.06	12.51	8.12	5.69	5.17	6.17	7.26
Miscellaneous Crossovers				36.75	24.60	29.00	22.33	29.16	8.07	8.80	9.23	10.40	8.70
Average for the Month for Plan 1A				19.09	16.19	11.02	10.33	7.94	659.00	3.53	3.31	3.98	4.60
Plan 1B					-		-			•			•
Inpatient Hospital				27.56	29.74	27.46	25.59	19.78	21.26	9.97	9.08	18.44	13.68
Inpatient Hospital Crossovers				35.00	19.66	16.00	18.00	10.00	14.00	11.00	5.50	0.00	4.00
Outpatient Hospital				12.69	10.35	8.46	8.28	6.32	3.16	2.45	2.25	2.76	3.59
Outpatient Hospital Crossovers				27.63	21.20	24.16	19.14	15.25	10.14	6.66	4.80	9.70	5.50
Professional				20.50	15.15	9.72	8.99	6.89	4.32	3.09	2.99	3.58	4.02
Professional Crossovers				22.80	22.86	14.83	11.94	15.42	9.30	6.39	6.93	5.50	6.75
Nursing Home				16.00	37.66	15.00	11.50	10.66	12.20	7.00	7.50	4.00	10.62
Nursing Home Crossovers				0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00
Miscellaneous				23.74	20.84	17.49	18.25	12.51	7.84	5.28	5.01	6.05	7.29
Miscellaneous Crossovers				11.00	23.81	14.35	18.00	12.14	9.80	5.16	3.62	1.00	7.25
Average for the Month for Plan 1B				19.33	15.29	10.42	9.78	7.48	12,293.00	3.21	3.06	3.74	4.29
Plan 2							-		0.99				
Inpatient Hospital				24.00	68.37	21.77	18.75	15.00	235.00	0.00	0.00	10.00	10.25
Inpatient Hospital Crossovers				29.38	19.32	19.72	22.69	15.52	249.00	8.04	6.50	14.50	
Outpatient Hospital				19.54	20.59	16.63	21.66	11.52	12.00	7.00	8.60		
Outpatient Hospital Crossovers				25.07	16.97	17.06	17.53	13.24	0.25	5.44	5.54		7.52
Professional				25.29	23.62	21.91	22.17	12.91	8.24	5.72	5.50		7.00
Professional Crossovers				23.33	15.34	13.11	13.54	8.47	6.05	3.87	3.47		5.42
Nursing Home				21.33	18.80	18.50	0.00	12.60	16.66	14.00	5.25		
Nursing Home Crossovers				22.60	14.33	19.00	24.66	18.89	11.60	7.50	6.12		
Miscellaneous				19.19	21.65	18.97	21.14	12.62	9.75		6.19		
Miscellaneous Crossovers				26.35	19.21	18.73	18.37	11.50	7.70		4.90		
Average for the Month for Plan 2				23.91	16.77	14.99	15.19	9.90	7.01	4.61	4.11	5.58	6.27
Total													
Inpatient Hospital	15.00	17.00	15.00	28.58	32.01	26.68	24.22	19.50	19.66	8.81	11.62		
Inpatient Hospital Crossovers	12.00	14.00	10.00	29.75	19.48	19.70	22.55	15.31	10.34	8.60	6.48		
Outpatient Hospital	11.00	12.00	12.00	12.45	10.86	8.63	8.08	6.48	3.28	2.54	2.38		3.71
Outpatient Hospital Crossovers	19.00	19.00	16.00	25.10	17.25	17.38	17.52	13.27	9.23	5.46	5.55		
Professional	13.00	11.00	11.00	20.53	15.78	10.05	9.52	7.14	4.48	3.25	3.08		
Professional Crossovers	13.00	12.00	13.00	23.32	15.47	13.15	13.49	8.60	6.10		3.51		
Nursing Home	14.00	15.00	15.00	15.76	28.24	14.90	23.77	16.07	14.94	8.81	12.29		
Nursing Home Crossovers	18.00	15.00	9.00	22.60	14.33		24.66	18.89	11.60	7.50	6.12		
Miscellaneous	17.00	18.00	17.00	22.97	21.12	17.57	17.71	12.52	8.10		5.16		
Miscellaneous Crossovers	0.00	0.00	0.00	26.39	19.28	18.75	18.41	11.77	7.72		4.95		
Average for the Month	13.00	14.00	12.00	20.12	16.00	11.64	11.30	8.28	5.27	3.67	3.40	4.21	4.81

^{*} The reporting of average processing days before April 2005 did not include information by Plan. Previously stated numbers are now reported only in the Total section of this report.

^{**} Average processing days on claims adjustments used to be reported by the previous administrator. Average processing days will not be reported on claim adjustments beginning with April 2005. Therefore, they have not been reported in this report for any month.

^{***} Higher than normal claim average resulting from clean up of aged medical review claims

WISCONSIN HEALTH INSURANCE RISK SHARING PLAN HIRSP CLAIMS INVENTORY AS OF JANUARY 2006 MONTH END (1/27/2006)

Pended Claims Data	Jan 2005*							Aug 2005**			Nov 2005**	Dec 2005**	Jan 2006**
	# of Claims	# of Claims	# of Claims	# of Claims	# of Claims	# of Claims	# of Claims	# of Claims	# of Claims	# of Claims	# of Claims	# of Claims	# of Claims
Prior to Entry	,										•		
Total				1,056	1,443	1,087	747	873	271	339	289	200	281
Pre-System Suspend	1	1		0.054	. =0.	4 000		4 000	470				000
Plan 1A				3,954	1,734	1,292	854	1,003	470	624			690
Plan 1B				2,946	1,284	926	721	859	391	475	754		678
Plan 2				2,318	1,035	1,420	1,066	826	305	287	631		409
Total			20,482	9,218	4,053	3,638	2,641	2,688	1,166	1,386			
Total Over 30 Days Old				1,696	736	322	64	6	0	1	0	9	35
System Pended													
Plan 1A	1				0.50								- 401
Inpatient Hospital				232	256	140	142	54	63	53			49
Inpatient Hospital Crossovers				2	2	0	0	0	1	1	0		5
Outpatient Hospital				759	660	519		144	151	95			
Outpatient Hospital Crossovers				20	10	6		1	3	0	Ü		
Professional				4,347	3,606	2,908	3,091	1,302	1,262	804	631		638
Professional Crossovers				46	34	35	40	/	10	5			4
Nursing Home				29	25	25	27	11	6	2			
Nursing Home Crossovers				U	0	0	0	V	0	0			
Miscellaneous				1,146	873	684	790	276	234	150		269	166
Miscellaneous Crossovers				3	2	11	3	0	0	3		2	1
Total Plan 1A				6,584	5,468	4,328		1,795	1,730	1,113			
Total Over 30 Days Old				1,856	1,778	1,163	856	463	457	269	154	100	113
Plan 1B	1			4.40	444	0.5	100	F0	F0	40	10		0.51
Inpatient Hospital				143	144	95		56	59	40			
Inpatient Hospital Crossovers				2	2	1	0	O	0	0			5 62
Outpatient Hospital				495	517	397	429	171	152	77			
Outpatient Hospital Crossovers				14	0.770	5	12	0	2	0			42
Professional				3,218	2,773	2,163	2,426	954	992	685			599
Professional Crossovers				23	26	16	26	/	13	6			
Nursing Home				8		6		6	5	2			
Nursing Home Crossovers				0	0	0		Ü	0	0			0
Miscellaneous				667	566	390	461	146	107	106	141		161
Miscellaneous Crossovers				4 577	2 4,039	3,075	3,469	1,341	1,334	916			909
Total Plan 1B Total Over 30 Days Old				4,577 1,360	4,039 1,296	936	3,469 620	386	395	234			
Plan 2				1,360	1,296	936	620	300	395	234	153	95	92
Inpatient Hospital	1	1		3		3	5	0	2	0	0	0	5
Inpatient Hospital Crossovers				40	28	25	33	5	5	1			
Outpatient Hospital				60	46	35	42	2	8	9			
Outpatient Hospital Crossovers				329	252	292	275	24	46	27			
Professional				147	87	128	141	22	16	15			
Professional Crossovers				1,741	1,303	1,092	1,024	206	315	285			
Nursing Home				2	1,303	1,092	1,024	200	0	265			
Nursing Home Crossovers				18	19	8	21	0	4	7	3		_
Miscellaneous				109	101	62	68	18	13	12			
Miscellaneous Crossovers				557	429	321	407	101	119	104			85
Total Plan 2				3,006	2,269	1,968	2,017	378	528	460			551
Total Over 30 Days Old				694	526	329	152	40	43	98			
Total	<u> </u>			334	320	323	132	40	40	30		1 12	12
Inpatient Hospital	169	170	0	378	401	238	253	110	124	93	103	134	89
Inpatient Hospital Crossovers	22	16	0		32	26	33	5	6	2			
Outpatient Hospital	969	650	0		1,223	951	1,035	317	311	181			128
Outpatient Hospital Crossovers	403	275	0	363	269	303	297	25	51	27	56		
Professional	5,322	3,600	0		6,466	5,199	5,658	2,278	2,270	1,504			1,245
Professional Crossovers	1,190	668	0	1,810	1,363	1,143	1,090	220	338	296	162		297
Nursing Home	13	10	0	39	30	33	36	17	11	4	4		
Nursing Home Crossovers	1	0	0	18	19	8	21	0	4	7			
Miscellaneous	836	845	0		1,540	1,136	1,319	440	354	268			339
Miscellaneous Crossovers	0	0.0		567	433	334	411	102	123	107	138		86
Total	8,925	6,234	20,482	14,167	11,776	9,371	10,153	3,514	3,592	2,489	2,249		2,432
Total Over 30 Days Old	868	467	0	5,606	4,336	2,750	1,692	895	895	602	313		252
Grand Total	8,925	6,234	20,482	24,441	17,272	14,096	13,541	7,075	5,029	4,214			4,490
	-,,	-,	-,		,			,	-,,	,=::	,		

^{*} The reporting of inventory numbers before April 2005 did not include information by Plan. Previously stated numbers are now reported only in the Total section of this report.

^{**} Prior administrator claim inventory is zero due to transition of plan administration to WPS. 1,807 claims were pending and transferred to WPS on March 31st. WPS received 20,482 HIRSP providers and the prior administrator during the period 3/14/2005 - 3/31/2005.

*** Claim adjustments have been reported in the non-Crossover categories on history prior to April 2005. Claim adjustments are not included in any category beginning with April 2005.

MEDICAL CLAIMS DENIED REPORT*
AS OF JANUARY 2006 MONTH END (1/27/2006)

Processed	Plai	11A	Plai	n 1B	Plan	2	Α	II Plans		Denial
Month	Paid	Denied	Paid	Denied	Paid	Denied	Paid	Denied	Total	Rate
January 2005	12,980	4,239	9,710	3,192	4,542	1,741	27,232	9,172	36,404	25.2%
February 2005	12,985	5,197	9,862	3,935	4,884	2,011	27,731	11,143	38,874	28.7%
March 2005	9,529	3,403	7,389	2,752	3,297	1,479	20,215	7,634	27,849	27.4%
April 2005	10,223	2,143	7,789	1,678	4,185	1,109	22,197	4,930	27,127	18.2%
May 2005	18,903	4,196	14,308	3,387	7,814	2,475	41,025	10,058	51,083	19.7%
June 2005	18,296	3,908	14,232	3,010	7,388	2,385	39,916	9,303	49,219	18.9%
July 2005	13,476	3,119	10,537	2,198	6,350	2,121	30,363	7,438	37,801	19.7%
August 2005	17,126	4,083	13,743	3,027	8,691	2,787	39,560	9,897	49,457	20.0%
September 2005	15,492	3,082	12,347	2,516	6,780	2,389	34,619	7,987	42,606	18.7%
October 2005	13,794	2,865	11,291	2,233	6,187	659	31,272	5,757	37,029	15.5%
November 2005	15,724	3,410	13,322	2,554	6,785	2,282	35,831	8,246	44,077	18.7%
December 2005	13,668	2,631	12,146	2,377	5,176	2,067	30,990	7,075	38,065	18.6%
January 2006	16,922	3,238	14,239	2,488	6,228	2,457	37,389	8,183	45,572	18.0%

^{*} Claims denied by the PBM are not included. See page 30 for claims denied by the PBM.

A claim may have some paid lines and some denied lines. Therefore, a claim that has both paid and rejected lines has been counted as a paid claim and as a denied claim. This results in more total claims being reported in this report than in the report titled Claims That Have Finalized to Payment or Denial Report.

January 2006 MONTH END DENIAL REASON DETAIL

Denial		
Reason	Volume	Top 10 Reasons for Denial
18/DU	2251	DUPLICATE CLAIM/SERVICE
23	786	CLAIM DENIED/REDUCED BECAUSE CHARGES HAVE BEEN PAID BY ANOTHER PAYER AS PART OF COORDINATION OF BENEFITS.
49	705	NONCOVERED SERVICES BECAUSE THIS A ROUTINE EXAM OR SCREENING PROCEDURE DONE IN CONJUNCTION OF A ROUTINE EXAM
27/28	673	EXPENSE(S) INCURRED OUTSIDE COVERAGE PERIOD ARE NOT COVERED.
HW	610	SERVICES PERFORMED BY A PROVIDER WHO IS NOT MEDICAID CERTIFIED ARE NOT COVERED
51	494	THIS IS A PREEXISTING CONDITION. MEDICAL RECORDS OBTAINED FROM YOUR PROVIDER HAVE IDENTIFIED A PRE-EXISTING CONDITION.
EM	380	WE NEED THE MEDICARE EXPLANATION OF BENEFITS TO PROCESS THIS CHARGE.
IS	302	THIS PROCEDURE IS INCIDENTAL TO AND CONSIDERED PART OF THE PRIMARY PROCEDURE
XZ	203	WE WILL BE ABLE TO COMPLETE PROCESSING OF THIS CLAIM WHEN WE RECEIVE THE MEDICAL RECORDS WE REQUESTED.
V1	166	THE PRIMARY SERVICE CODE INCLUDES THE OTHER SERVICES BILLED, THEREFORE, NO PAYMENT HAS BEEN ALLOWED FOR THE OTHER SERVICES.

PHARMACY CLAIMS DENIED REPORT

As of January 2006 Month End (01/31/2006)*

Processed	
Month	Denied
January 2005	8,664
February 2005	7,627
March 2005	8,304
April 2005	25,472
May 2005	21,252
June 2005	16,979
July 2005	18,594
August 2005	16,907
September 2005	15,659
October 2005	15,723
November 2005	15,980
December 2005	16,712
January 2006	16,925

END OF MONTH JANUARY 2006 DENIAL REASON DETAIL

Top 10 Reasons for Denial	Volume
DUR Rejected Error-Interaction Drugs	6,633
NDC Not Covered	3,431
Plan Limitation Exceeded	2,397
Refill Too Soon	1,154
Prior Authorization Required	784
Missing/Invalid Dispense as Written Code	629
Filled After Coverage Terminated	618
Duplicate Paid/Captured Claim	372
Non-Matched Cardholder ID	168
Missing/Invalid Sex Code	124

^{*} Each prescription processed and denied is counted as one claim

Note the different end of month date from previous reports in this packet. This is due to these figures being taken from a production PBM report rather than from the current HIRSP plan administrator's reporting files.

Claims Accuracy Performance * January 2006

Medical

	Total		Total Claim		
	Number of	Total of Claims	Payments	Total Correct	Accuracy
Month	Claims	Payments	Reviewed	Payment	Rate
February-2005	38,874	\$6,256,306.00	\$80,016.00	\$80,016.00	100
March-2005	27,849	\$5,125,139.00	\$58,769.00	\$58,769.00	100
April-2005	28,646	\$4,001,294.29	\$67,258.90	\$67,605.30	99.49
May-2005	46,570	\$8,593,111.00	\$77,521.77	\$76,450.29	98.60
June-2005	44,024	\$10,505,466.00	\$66,752.92	\$64,063.42	99.06
July-2005	38,336	\$7,386,440.00	\$94,437.38	\$94,034.95	99.88
August-2005	45,262	\$9,697,518.00	\$78,001.06	\$77,852.92	99.92
September-2005	39,905	\$7,532,770.00	\$72,997.80	\$70,504.52	98.85
October-2005	38,172	\$7,999,534.00	\$69,663.84	\$73,140.50	99.03
November-2005	37,290	\$7,067,849.37	\$41,414.03	\$41,679.24	99.79
December-2005	37,741	\$7,736,381.08	\$41,647.93	\$44,948.25	98.10
January-2006	36,247	\$7,626,348.00	\$642,842.57	\$645,818.13	99.92

^{*} This report is prepared on a processed date basis using all dates in a calendar month versus other reports that are prepared on a schedule that uses the standard end of month processing dates. Therefore, claims data in this report will not agree with claims data on other reports.

Wisconsin Health Insurance Risk Sharing Plan

Appeals and Grievance

January, 2006

Claim Appeals

Total Claim Appeals Received	43
Billing/Claim Processing	2
Drug & Drug Formulary	6
Enrollment/Eligibility Requirements	5
Experimental Treatment	3
Not Covered Benefit	6
Not Medically Necessary	17
Plan Administration	4
Total Claims Reinstatements Closed	43
Claim Appeals Average Number of	6.275

Grievances

Grievance Committee

Billing/Claim Processing	1
Drug & Drug Formulary	1
Enrollment/Eligibility Requirements	4
Not Covered Benefit	1
Not Medically Necessary	5
Other	1
Plan Administration	6